

**VILLAGE OF MALCOLM, NEBRASKA  
PERMIT APPLICATION**

The undersigned Applicant hereby applies for a Permit for a Peddlers/Hawkers License as described below (note – Telephone Numbers should include all land lines, cell phones, and fax machines):

Applicant: \_\_\_\_\_

Applicant's Address, Email and Telephone Number(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sales Location Address:

\_\_\_\_\_

\_\_\_\_\_

Legal Description for Sales Location:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Zoning for Project Location:

\_\_\_\_\_

Address to which the permit is to be mailed:

\_\_\_\_\_

\_\_\_\_\_

Name, Email, Address and Telephone Number(s): \_-

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name, Email, Address and Telephone Number(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brief Description of Sales Set Up at  
Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Village Use Only

Receipt No. \_\_\_\_\_

Date: \_\_\_\_\_

Permit #: \_\_\_\_\_

Fee Paid:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Total Paid

\$ \_\_\_\_\_

Applicant's Driver's License # \_\_\_\_\_ State  
Issued \_\_\_\_\_

**\*\*Photo I.D. Required (Valid Driver's license of State I.D.)\*\***

Business  
Name \_\_\_\_\_

**\*\*Note: Be prepared to present documents verifying such  
business/employment\*\***

Vehicle Number \_\_\_\_\_ License  
#/State \_\_\_\_\_

Copy of Health Department Permit \_\_\_\_\_ (if applicable)  
Copy of State of Nebraska Sales Tax Permit \_\_\_\_\_ (if applicable)

**Fees:** The appropriate fee must be submitted with the Application before it can be submitted to the Village Board. The following fee schedule applies:

Duration of Permit:	One Week _____	\$15.00
	One Month _____	\$30.00
	Six Months _____	\$50.00
	One Year _____	\$75.00

I hereby certify that the data submitted on or with this Application is true and correct, that I am the Applicant with full authority to submit this Application. Granting of this Permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating sales.

Applicants Signature(s):

Date:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
[Print Name of Above Signatory]

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
[Print Name of Above Signatory]

**PERMIT APPLICATION REVIEW  
VILLAGE BOARD**

Approved? Yes \_\_\_\_\_ No \_\_\_\_\_

Changes to be  
required? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Village Board Date of Action

Attest

\_\_\_\_\_

Village Clerk